

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 128
Registered No. 531

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 11 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jack Anesa { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec. 10 - 1928
Month Day Year

8. FATHER

Full name

Jose Anesa

9. Residence (Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Cauc.

11. Age at last birthday 20 (Years)

12. Birthplace (city or place)

Honolulu

(State or country) Hawaii

13. Occupation

Clerk

Nature of industry

Labor Temple Grocery

14. MOTHER

Full maiden name

Opal Fay Henderson

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Cauc.

17. Age at last birthday 16 (Years)

18. Birthplace (city or place)

Winkelman

(State or country)

Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 12³⁰ A. m. on the date above stated.
(Born alive or stillborn)

Signature

Byril M. Brown M.D.

Physician

(Physician or midwife)

Address

Miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed

June 2, 1929

Registrar.

Registrar.